

# **EXECUTIVE SUMMARY**

## **PUBLIC HEALTH PREPAREDNESS & RESPONSE FOR BIOTERRORISM COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION**

*April 15, 2002*

### **PURPOSE**

To upgrade New Jersey's state and local public health jurisdictions' preparedness for and response to bioterrorism, and other outbreaks of infectious disease, and other public health threats and emergencies.

### **BACKGROUND**

Through the federal Emergency Supplemental Act of 2002 and the Department of Labor, Health, and Human Services and Related Agencies Appropriation Act of 2002 signed into law by the President on January 10, 2002, the New Jersey Department of Health and Senior Services (DHSS) is eligible for funding in the amount of \$27,242,380 in federal fiscal year 2002 through formula-based, non-competitive cooperative agreements to strengthen capacity to respond to acts of bioterrorism and other public health emergencies. The funds will be administered through two cooperative agreements, one with the Health Resources and Services Administration (HRSA) for hospital and medical planning and preparedness (\$3,509,769) and the other with the Centers for Disease Control and Prevention (CDC) for state and local public health preparedness and response (\$23,732,611). This Executive Summary will provide an overview of the programs and services that will be developed/enhanced to build and sustain critical core capacities necessary to achieve the desired state of readiness through the CDC Cooperative Agreement.

In order to be eligible for full funding, the DHSS, on behalf of all its partners, was required to submit a detailed work plan, with time lines and a budget, documenting strategies and tactical approaches to achieving 14 prescribed benchmarks and 16 critical capacities, the core expertise and infrastructure to enable a public health system to prepare for and respond to acts of bioterrorism. This impending award will actually be a supplemental to the cooperative agreement between the DHSS and the CDC that has existed since 1999. The budget period will run February 19, 2002 through August 30, 2003.

This funding will benefit both state and local efforts to improve the collective state of preparedness. As such, New Jersey's application was developed through a process that fully embraced the guiding principles of cooperation and collaboration between the

DHSS and the State's 114 county, regional and local health agencies. Furthermore, all emergency preparedness planning will address the needs of older Americans and those with disabilities. Finally, the plan was created in concert with the State's overall domestic security preparedness efforts and will be complementary to, and executed in harmony with those activities under the auspices of the New Jersey Domestic Security Task Force, the newly created Office of Counter-Terrorism, the Medical Emergency and Disaster Prevention Response Expert Panel ("MEDPREP"), the Metropolitan Medical Response System (Newark and Jersey City), and the hospital planning activities funded under the companion HRSA Cooperative Agreement.

## **SUMMARY**

This Cooperative Agreement addresses the following six focus areas:

1. Preparedness Planning and Readiness Assessment (Focus Area A)
2. Surveillance and Epidemiology Capacity (Focus Area B)
3. Laboratory Capacity-Biological Agents (Focus Area C)
4. Health Alert Network/Communications and Information Technology (Focus Area E)
5. Communicating Health Risks and Health Information Dissemination (Focus Area F)
6. Education and Training (Focus Area G)

(Note: While the focus area "Laboratory Capacity-Chemical Agents" is an unfunded activity under this Cooperative Agreement, the DHSS intends to build capacity in this area as specified in, and using the resources provided through the New Jersey Domestic Security Preparedness Act)

In order to maximize the use of these federal funds and to create an effective system to build the required capacity, it was decided that the best approach was to follow the existing model centered on the Local Information Network and Communications System (LINCS). The LINCS agencies, of which there are 19 county, one bi-county (Salem/Cumberland), and two city (Newark and Paterson), will serve as the lead public health agency for the defined geographic region and be responsible for providing region-wide services, with full involvement and participation of the other local health departments in the area. Funding will be provided to the 22 LINCS agencies through health service grants to expand program staff to build capacity in the following areas:

- Epidemiology and Disease Surveillance and Investigation
- Information Technology Support
- LINCS coordination and management of the Health Alert Network
- Risk Communication and Health Education
- Administrative Support

These five disciplines along with the Emergency Planner discussed below comprises what is referred to as the "Local Core Capacity Infrastructure Unit".

Identical capacity will be developed/enhanced within the NJ Department of Health and Senior Services.

In addition to this financial assistance, the Department will be providing direct assistance by placing State Emergency Planners in each of the 22 LINCS sites. This approach will afford greater opportunity for uniform and consistent emergency planning and coordination in all of the counties and will create an avenue for greater State presence and involvement in local planning and coordination efforts. It is the DHSS' intention to have the State assignee fully assimilated into the county project team. Partnership agreements will be developed between the DHSS and the LINCS agencies to guide this process.

With the responsibilities and obligations that accompany the acceptance of this role, the DHSS acknowledges the potential that, for a variety of reasons, some existing LINCS agencies may not be willing or able to assume the aforementioned expanded role. As such, the DHSS is fully prepared to explore various contingencies, including, if necessary, directly providing the full complement of public health services in the subject geographic area in lieu of financial assistance.

The prepared budget calls for \$8,326,524 to be issued to the 22 local lead public health agencies (LINCS sites) through the issuance of health services grants. Additionally, \$2,648,030 will be provided in the form of direct assistance such as the locally assigned State Emergency Planners referenced above and computer hardware and software upgrades at all 114 local health departments to support the Health Alert Network.

Through this Cooperative Agreement, it is estimated that the local public health workforce will be increased by 132 full time equivalents (including the locally assigned State Emergency Planners) and the DHSS workforce will rise by approximately 50.

As previously mentioned, the developed work plan is a product of collaboration among the DHSS and its many governmental, private and academic partners. In many areas, it builds upon the capacities and state of readiness developed over the last several years. It involves and addresses the needs of public health agencies at all levels of government, and relies on the expertise and services available from leading in-state academic institutions such as Rutgers University, NJ Institute of Technology, and the University of Medicine and Dentistry's School of Public Health and Center for BioDefense. It also recognizes the needs of, and assets available from various public health and health care professional organizations and various state departments such as Environmental Protection, Education, and Community Affairs and the Division of State Police.

The full application was submitted to the CDC on April 12, 2002. It is a comprehensive package containing, by focus area, a three-part work plan that summarizes existing capacity, assesses existing capacity, and proposes an action plan for improvement with time lines and a business proposal/budget. As required, at that time Governor McGreevey also transmitted his letter of endorsement to Secretary of Health & Human Services Tommy G. Thompson. The CDC has committed to a 30-day review period after which,

if deemed acceptable, full funding will be released. There follows a summary of the major elements of the State of New Jersey's work plan funded under the subject Cooperative Agreement:

### **Focus Area A: PREPAREDNESS PLANNING AND READINESS ASSESSMENT**

*Critical capacity objectives:* Establish a process for strategic leadership, direction, coordination and assessment of activities to ensure state and local readiness; conduct integrated assessments of the public health system's capacities to aid and improve planning and implementation; develop and exercise comprehensive public health emergency preparedness and response plans; ensure response is coordinated with federal assets; and effectively manage the CDC National Pharmaceutical Stockpile should it be deployed.

Specific program activities and initiatives include:

- Establishing a new senior management position of Executive Director responsible for administering the State's public health preparedness and response to bioterrorism and will head the newly created Office of Public Health Preparedness in the DHSS.
- Creating an expanded Bioterrorism Preparedness and Response Advisory Committee to provide advice and counsel to the Department to achieve the desired state of readiness. The Medical Emergency and Disaster Prevention and Response Expert Panel ("MEDPREP") will serve as the nucleus of this Committee which will also be comprised of the State's leaders in public health, health care, emergency management and disaster assistance.
- Performing a comprehensive assessment of the State's statutes and rules to determine their adequacy with regard to general emergency powers; emergency worker credentialing and licensure; and liability concerns.
- Implementing the proposed new rules (N.J.A.C. 8:52) entitled "*Public Health Practice Standards of Performance for Local Boards of Health*". Modeled after the National Public Health Performance Standards, Practice Standards provide for building public health infrastructure through workforce assessment and development; deploying real time communications systems to collect and disseminate data; and establishing a program of enhancing organizational capacity and continuous quality improvement. The proposed new rules will require the development of regional expertise that supports all local health departments in a county-wide or multi-county system.
- Improving 24/7 communications and incident response coordination through the establishment of a Public Health Emergency Operations Center within the Department; possessing redundant and interoperable communications systems; and enhancing the current off-hours notification system including the use of a toll free single portal phone line and contracting with either the NJ Department of Environmental Protection's Central Communications Center or the NJ Poison Information and Education System for off-hour notification and dispatching services.

- Implementing a specialized employee health and safety program dedicated to addressing the unique aspects of worker protection as it relates to biological, chemical and nuclear terrorism response.
- Developing integrated public health emergency response plans for each county or multi-county area involving traditional county and local response agencies, local public health departments, and health care entities.
- Developing detailed plans and protocols necessary to effectively manage the National Pharmaceutical Stockpile, should it be deployed, including establishing a state level position of the National Stockpile Coordinator who will be responsible for ensuring that plans are in place and state/county/local efforts are synchronized. Formal contingency plans will also be developed to support state and local staffing needs utilizing the State's valued resources of pharmacists, nurses, physicians, and physician assistants, and nurse practitioners.
- Providing the necessary training and conducting periodic drills and exercises to routinely assess gaps and shortcomings in incident preparedness and response and to refine knowledge, skills, and abilities of public health emergency planners, responders, and decision-makers.

The cornerstone of this Focus Area's work plan is the placement of locally assigned State Emergency Planners in each of the 22 designated LINCS/county lead public health agencies. Additionally, five regional planning areas of the State have been created with each region having a State-based Regional Coordinator. It is through this Focus Area that the grants to the LINCS agencies to build the Local Core Capacity Infrastructure Unit will also be administered.

## **Focus Area B: SURVEILLANCE AND EPIDEMIOLOGY CAPACITY**

*Critical Capacity Objectives:* Rapidly detect a terrorist event through a highly functioning, mandatory reportable disease surveillance system; rapidly and effectively investigate and respond to a terrorist event, naturally occurring individual cases of urgent public health importance, outbreaks of disease and other public health threats as evidenced by a comprehensive and exercised epidemiologic response plan that addresses surge capacity, delivery of mass prophylaxis and immunizations, and pre-event development of specific epidemiologic investigation and response needs.

Specific program activities and initiatives include:

- Developing/revising policies, procedures and protocols governing communicable disease reporting and investigation with annual updates, including case definitions, reporting requirements, recommended disease follow-up activities, control measures, and laboratory testing requirements for all reportable diseases and public health threats. This will include the hosting of semiannual Infectious Disease Training Summits.
- Aggressive outreach to disease reporting sources, especially the Emergency Department staffs of the State's 84 acute care hospitals, on the elements of the Notification and Disease Outbreak Protocol.

- Deployment of a web-enabled, electronic Communicable Disease Reporting System, currently under development and in pilot phase, involving commercial clinical laboratories, hospitals, private practices and local health departments for the real time reporting of reporting communicable diseases.
- Increasing program activities addressing food and water safety/biosecurity.
- In collaboration with the Department of Agriculture and the agricultural community, increasing surveillance for disease in animal populations that could serve as an early warning sentinel for the potential of disease risk for humans that may result as an act of terrorism.
- Greatly enhancing disease surveillance and epidemiologic investigation capacity through the expansion of a network of Masters' trained disease specialists/epidemiologists stationed at each of the 22 LINCS sites/county lead agencies and at the State level.

### **Focus Area C: LABORATORY CAPACITY-BIOLOGICAL AGENTS**

*Critical Capacity Objectives:* Develop and implement a jurisdiction-wide program to provide rapid and effective laboratory services in support of the response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies; and as a member of the National Laboratory Response Network, ensure adequate and secure laboratory facilities, reagents and equipment to rapidly and correctly identify biological agents likely to be used in a terroristic event

Specific program activities and initiatives include:

- Participating actively in the National Laboratory Training Network and building programs and linkages to ensure that commercial clinical laboratories are proficient in Level A "rule out" testing of clinical specimens for agents associated with acts of bioterrorism.
- Developing operational plans and procedures for the collection, processing and transport of blood and urine samples for transport to CDC or one of the five currently approved laboratories for the analysis of chemical terrorism agents.
- Based on the experiences this past Fall with anthrax, developing procedures and protocols for field acquisition of swab or wipe environmental samples for subsequent analysis and more effective management and disposition of property or evidence after analysis.
- Increasing in-house surge capacity through aggressive recruitment and hiring of additional laboratorians and support personnel.
- Upgrading testing capabilities associated with food safety and participating in the national PulseNet and FoodNet laboratory-based surveillance program.
- Reaching full "Level C" status (advanced capability including use of rapid detection methods such as real-time polymerase chain reaction and time-resolved fluorescence, molecular typing and a proper biocontainment testing environment) for the analysis and detection of the five primary biological agents.

- Securing additional laboratory space either through the installation of a modular laboratory unit (on-site) or through leasing/renting/acquiring a satellite laboratory facility (off-site).
- Enhancing the Public Health and Environmental Laboratories' Laboratory Information System (LIS) to achieve a secure, real time electronic data exchange of testing results.
- Developing a partnership with the UMDNJ's Center for BioDefense to augment surge testing capabilities and continuity of operations.

#### **Focus Area D: LABORATORY CAPACITY-CHEMICAL AGENTS**

This is an unfunded activity under this Cooperative Agreement

#### **Focus Area E: HEALTH ALERT NETWORK/COMMUNICATIONS & INFORMATION TECHNOLOGY**

*Critical Capacity Objectives:* To ensure effective communications connectivity among public health departments, healthcare organizations, law enforcement agencies, and public officials; ensure a method of emergency communications; and ensure the ongoing protection of critical data and information systems and capabilities for continuity of operations and secure electronic exchange of data

Specific program activities and initiatives include:

- Conducting a comprehensive assessment of current communications capabilities of all public health partners.
- Developing robust LINC-based Community Health Alert and Information Networks (CHAIN) for full community notification of public health events and emergencies.
- Establishing a secure, web-based directory of public health workers to facilitate both small scale and wide scale deployment of personnel in the event of a public health emergency. This will include emergency contact information, area of expertise, skills and emergency preparedness core competencies.
- Statewide installation and use of the "Communicator", emergency contact software to facilitate prompt and effective notification and activation of the public health work force in times of emergency.
- Upgrading the Health Alert Network at all 114 local health departments and improve 24/7 notification capabilities using redundant technologies.
- Upgrading data/communications disaster recovery and fail over redundancy programs, procedures, and protocols.

#### **Focus Area F: COMMUNICATING HEALTH RISKS & HEALTH INFORMATION DISSEMINATION**

*Critical Capacity Objectives:* To provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about

the current communications needs and barriers, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies

Specific program activities and initiatives include:

- Developing crisis and risk communications specialization within the DHSS.
- Creating rapid notification capabilities and remote access to the Department's web-site for the purpose of posting important public health alerts and messages on a 24/7 basis.
- Producing a portable "Communications Office" for instant deployment and back-up as part of a continuity of operations plan.
- Providing risk communications training to senior managers, decision-makers, and other key departmental and local public health personnel. This will include establishing a "Train the Trainer" program utilizing a network of health educators around the state.
- Creating a statewide public health service awareness campaign addressing steps to be taken in the event of a public health emergency using various print and electronic media.
- Developing portable exhibits and publications for general and special needs populations, in a culturally sensitive manner to raise awareness on emergency preparedness.
- Continually updating the DHSS's web site to serve as a reliable, accurate, and current source of information.
- Producing and distributing a video on bioterrorism and state-specific public health emergency information and related procedures.

## **Focus Area G: EDUCATION AND TRAINING**

*Critical Capacity Objectives:* Ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers in preparedness for and response to bioterrorism and other events

Specific program activities and initiatives include:

- Fully assessing training needs of state and local public health workers, infectious disease physicians, pre-hospital emergency staff, hospital emergency department staff, laboratory workers and other health care providers.
- Creating a web-based searchable database of current training programs for access by public health care-workers.
- Developing and delivering a NJ specific in-depth training certificate program of up to 40 hours on bioterrorism for public health workers.
- Enhance NJ's statewide distance learning system by upgrading the capacity of the network to promote and deliver bioterrorism distance learning .



- Host two Communicable Disease Summits to provide the latest national/state based information on bioterrorism and related topics.
- Developing an Emergency Medical Services (EMS) training program that builds on existing training with a focus on mass casualty management, large-scale emergency medical operations, and infectious disease management.
- Expanding the *New Jersey Emergency Department Operations Hazmat/WMD Hospital Provider*” course to reach an additional 1000 participants.
- Developing and delivering a *Roving Symposia* for physicians and infectious disease specialists on the clinical aspects of biological/chemical/radiological agent exposure and management.
- Establishing a speakers’ bureau of subject matter experts to provide factual and timely information to a wide range of audiences.
- Scheduling and facilitating “town meetings” to educate and inform residents, businesses and community organizations with an emphasis on “hard to reach” communities.
- Developing on-site satellite downlink capability to improve the DHSS’ access to distance learning opportunities.
- Establishing a Workforce Development Coordination Unit that will facilitate training needs assessments, planning, development, evaluation and multi-disciplinary course accreditation for bioterrorism and emergency response, and the continuous quality improvement of the public health professional workforce in accordance with Public Health Practice Standards.